

Revised 4/23/19

TOWN OF WEBSTER

350 MAIN STREET
WEBSTER, MASSACHUSETTS 01570
(508) 949-3800 ext 1002
planning@webster-ma.gov
www.webster-ma.gov

RECEIVED

OCT 3 0 2019

Town of Webster Planning Department

DATE: 10-30-19

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FORM A APPLICATION FOR ENDORSEMENT OF PLAN BELIVED NOT TO REQUIRE APPROVAL (ANR)

1. OWNER OF RECORD: MAM REAL ESTATE INC. ROBERT MASON Full Address: 7 PERRYVICLE Rd. WEBSTER, MA. 01570 Phone: 508-726-6053 Email: 2MASON 2/3 @ CHARTER . NET Deed recorded in the Worcester District Registry of Deeds: Book: _____ Page: ____ ASSESSORS ID: 2. NAME OF APPLICANT: ROBERT MASON Full Address: 7 PERRYVICE Bd. WEBSTER, MA. 01570 Phone: 508-226-6053 Email: 3. ENGINEER / LAND SURVEYOR: TAUPER CAND SURVEY INC Full Address: 710 main ST. OXFORD, MA. 01540 Phone: 508-987- 2266 Email: 4. NAME OF AGENT / CONTACT PERSON: Phone: _____ Email: _____ 5. LOCATION OF LAND: on the (N/S/E/W) side of SCHOOL ST. (Street where property has frontage) 6et 5 of PERRYVILLE Rd.

(W/S/E/W) Nearest adjacent street Total Acreage 1,33 + - Zoning District(s) including overlay districts A.S. F. R. 6. Has the Zoning Board of Appeals, Planning Board or Board of Selectmen granted any variance, exception, or special permit concerning this property? Yes ______ No____ If yes, please explain / list including dates:

Every lot sho	E: The division of land shown on the above on said plan has the required amo Rules and Regulations and is on a public.	unt of frontage in accordance w	ivision. ith the Town Webster's
which qualifi	ies a lot for frontage under the Subdiv	sion Control Law.	
8. AFFIDAVIT	T by Engineer / Land Surveyor who statested document)	amped / signed the plan that all i	tems requires are shown
9. REQUIRED	SIGNATURES		
 Required sign 	e: Both required signatures 9A and 9B gnatures are the responsibility of the A btain all required signatures may cause	applicant.	ission to the Town Clerk.
A. REQUIR	ED SIGNATURE(S): APPLICAN	T AND/OR OWNER	
Both Applica	nt and at least one Property Owner sig	nature must be submitted.	
Applicant's S	Signature		Date:
(If Not Appli			Date: 10 -30-19
	RED SIGNATURE: TAX COLLEC		
To be completaxes due by	eted by the Tax Collector : The Office the Property Owner to the Town of W	of the Tax Collector verifies that ebster, MA.	t there are no outstanding
	Note: Delinquent bills must be paid in fi Please make arrangements to pay all ou	all before your application can be tstanding bills at the Tax Collecto	processed. r's Office.
51170-00100-011	KELLY LASKOWSKI		10-4-19
Tax Coll	ector's Office - Name (Please Print)	Initial	Date
Note:		ng review of the Application packe or to submission to the Town Cleri	et by the Planning k.
	Robert T. CROWER	Oct. 30, 2019	8:45 am
Town Cl	lerk Signature	Date Received	Time Received

Affidavit ANR Plan Submittal

	P. SMITH Place Print)
AMILS	(Name of Surveyor/Engineer – Please Print)
hereby attest that all abo and completely shown	ove information, required by the Webster Subdivision Rules and Regulations, is accurately on the plan of land
dated	,
regarding MAP(s)	LOT #(S)
on	in the Town of Grafton: (property address)
	Signature: John June June June June June June June Jun